

WHITE HOUSE CONFERENCE ON AGING LISTENING SESSION

Priority Issue # 1: Health and Long Term Living

In rural Iowa, access to affordable, high quality health care services is challenging. Promoting healthy lifestyles and disease management among the elderly who do not want to make changes magnifies the scope of the issue.

Barriers:

Barriers to accessing affordable, high quality health care services in rural Iowa include lack of local providers, especially specialists and tertiary care facilities. Some people residing in small communities must travel up to one hundred miles to access the needed care.

Transportation is a barrier. Public transportation is very limited. There is a Regional Transit Authority but the routes are limited to communities to certain days of the week and set hours of operation. It is not a demand service in the rural areas. For non-emergency medical transportation (i.e. going home from a hospital stay), ambulances must provide this at a much higher rate than the RTA in order for Medicare to reimburse for the service.

Lack of extended family is another barrier. It is a myth that older Iowans have extended family to help them with day-to-day activities. Younger Iowans are moving out of the state and not staying close to their elderly relatives.

Home and community based services are under funded and therefore services are limited that would allow individuals to remain in their homes at a lower cost to the system than institutional care. An AARP survey in 2003 demonstrated that Iowans want to stay in their own homes rather than move to institutional care.

Medicare reimbursement rates are the lowest in the nation in Iowa and the rural areas are even lower than the urban areas of the state.

Proposed Solutions:

The discussion of proposed solutions centered around affordability and reimbursement rates as well as accessibility and availability of services. The solutions offered were:

- Better transportation
- Equitable reimbursement for health care services
- Allowing increased utilization of the faith based community and forming viable partnerships
- Incentives to keep younger Iowans in Iowa for labor force and tax base

Priority Issue # 2: Our Community

In rural northwest Iowa, there is limited infrastructure for home and community based services that help provide the elderly with the opportunity to successfully age in place. In order for persons to remain in their homes, a strong network of providers is needed to provide the necessary in-home services.

Barriers:

Home and community based service providers in Iowa have not seen any significant increases in reimbursement for ten years. It is difficult to get providers to expand service options when the funding is not adequate to cover costs or when the funding is as precarious as it is in Iowa with the continued cuts from the state legislature. The rural area with significant geographic distances between the providers and the person needing the service limit the availability because of the cost of delivering the service over a large geographic area. The lack of extended family complicates the service delivery and management. Lack of a well trained workforce is another barrier. The schedules and the pay scales do not make the positions available in home and community service delivery attractive to persons seeking employment.

Proposed Solutions:

An adequate and secure funding source for home and community based service delivery would help stimulate development of more service providers. Higher reimbursement levels that begin to reach parity with long term care facility reimbursement rates and rate increases would help secure more providers. A funding source that was viable and would have stability would convince providers to make the investment to expand services.

Priority Issue # 3: Social Engagement

Social isolation of the frail elderly in rural Iowa is a huge problem. It has been proven over and over that getting the isolated individual out of the home and interacting with others improves the physical, mental and emotional status. Although some elderly choose to remain isolated, the majority would welcome the opportunity to get out and engage in social activities. Mental health issues surface because of isolation.

Barriers:

There is not enough infrastructure to provide the opportunities for social engagement. There are congregate meal sites but for the more fragile and frail elderly, there are not enough means to get them to the sites. Public transportation is limited at best, not because the regional transit does not desire to provide service but the size of the area and the limited funding make it impossible to meet all the needs. Programs such as the Senior Companion program or the friendly visitor program work well and have proven effective, but again sufficient funding for these programs is lacking. The ability to provide enough mental health resources is limited because of insufficient funding. The need for mental health is one of the fastest growing needs in rural America. Although the stigma still exists regarding accessing mental health services, there are creative programs that have found ways to get over that barrier but are limited by funding and recruitment of volunteers.

Proposed Solutions:

Providing more incentives for volunteer usage for transportation, senior companion visits, and mental health peer supports could help alleviate the need for costly professional services. There is definitely a need for more formal transportation infrastructure in rural areas. Utilizing faith based communities can expand the service delivery system.